

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032771

Registration District No. 382

Primary Registration District No. 5655

Registrar's No. 294

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		c. CITY OR TOWN Mt. Vernon,	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 625 E. Kings (at home)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 625 E. Kings
3. NAME OF DECEASED (Type or print) First Wilburn Middle Triece Last Cameron		4. DATE OF DEATH Month August Day 2 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/1915
9. AGE (last birthday) 47		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) building contractor		10b. KIND OF BUSINESS OR INDUSTRY Lawrence Co. Mo.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James D. Cameron		13b. MOTHER'S MAIDEN NAME Ollie Mae Hollingsworth	
14. NAME OF HUSBAND OR WIFE Ruth Cameron		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 2	
16. INFORMANT Ruth Cameron		Address Mt. Vernon, Mo.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 1+ yr		INTERVAL BETWEEN ONSET AND DEATH 2 mths.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psoriasis (severe), Ch. Alcoholism		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION County State		21. I attended the deceased from 1948 to Aug 1963 and last saw him alive on Apr 17, 1963 Death occurred at (approx) 1 a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Samuel Glover MD		22b. ADDRESS Mt. Vernon, Mo.	
22c. DATE SIGNED 8/3/63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 8/4/1963		23c. NAME OF CEMETERY OR CREMATORY Johns Chapel Cemetery	
23d. LOCATION (City, town, or county) Ash Grove, Mo.		24. FUNERAL DIRECTOR Max L. Fossett	
24. ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 8563	
26. REGISTRAR'S SIGNATURE Ray D. Thornton			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

252
AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Max L. Fossett

Licensed Embalmer No.

4252

P. O. Address

M. Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.